

- SALES
- SERVICE
- INSTALLATION

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RM/CH

1335 US Hwy 82 W, Leesburg, GA 31763 (229) 435-6116 FAX (229) 435-6119

Order Number 877024	Date Written 2/4/25	Taken By MEH	Schedule Date 2/6/25	Date Completed 2/6/25
Branch - Customer No. 1-13624	Home 407 616-6227	Work	Time Started 9:00	Time Completed 3:45
Name SHARON CULPEPPER	City ALBANY, GA	State	Zip 31701-4794	
Service Address 176 WOOD CT ALBANY, GA 31701				

Work to be performed:	Work completed
DELIVER AND INSTALL RINNAI RL75iP WITH 184118 ROOF DISCHARGE TERMINAL 189958 FLASHING AND OTHER VENTING. CALLED IN BY SHARON 407-616-6227 CELL:	Delivered and installed Rinnai and vented

Qty:	Materials	Price	Amount	Qty:	Materials	Price	Amount
1	224053 39" vent		59.-	1	W-R RL75iP		902.00
1	224051 10" vent		52.-	1	Pinnai Terminal		
				1	W-R 184118		77.00
				1	Roof Discharge		
				1	W-R 189958		72.00
					Flashing		

DR. RT.	Rt. Seq.	Rate	Deposit
Tank Make	Size	Serial No.	Tank Percent
Single Stage	Regular Date	Reg. Condition	Mfr.
TWO 1st			Model
STAGE 2nd			Vent Pos.
			Protected?

Less Check		Flow Check		Lock-up Check		SHOP OR TRUCK SUPPLIES	14 50
Manometer Reading at Start	Manometer Reading After 10 minutes	Manometer Reading Under Load	Manometer Reading			MATERIAL TOTAL	1176 50
Central Heating	Water Heater	Range	Clothes Dryer			TRIP CHARGE	
Manufacturer	Rinnai					LABOR	
Model No.	RL75iP					SUB-LABOR	Rebate
Serial No.	NL-CA-141566					PERMIT	<200 00>
Sed. Trap	II					SHIPPING/FREIGHT	
Fuel/BTU	000 130 000	N/A	N/A			Thank You	SALES TAX
AGE	New					TOTAL	94 12
Shut off installed	yes						1070 62

RECEIVED BY		DATE	
Curtis Royce		2/6/25	
Customer Signature		Date	
SA		2/6/25	
I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE IMPORTANT SAFETY INSTALLATION INFORMATION PRINTED ON BACK OF THE CUSTOMER COPY			

ANY UNUSED GAS PIPING OUTLETS INDOORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, IS EACH UNUSED GAS PIPING OUTLET FITTED WITH A GAS TIGHT THREADED PLUG OR CAP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CUSTOMER AVAILABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
CUSTOMER SMELLED ODORIZED PROPANE AND SHOWN THE SHUTDOWN PROCEDURE	<input type="checkbox"/> YES <input type="checkbox"/> NO